



NEW COMPANY INITIAL APPLICATION

Check Appropriate Product Type: Food _____ Drug _____ Cosmetic _____ Prophylactic _____ Seafood _____ Milk _____

Date		(For Office Use Only) Registration # _____	
Company Contact Person:		Taxpayer I.D. #	Telephone #
Name of Manufacturer, Distributor, Packer, Processor, Importer (Exactly as it appears on Label (s) of products being registered)			
Address (Also exactly as appears on label)		City	State Zip Code
Name of Firm Submitting Application			
Mailing Address		City	State Zip Code
Signature of Executive Officer, Proprietor, Partner or Agent for Service of Process		Title	
Application is hereby made for the registration of each food, drug, cosmetic and prophylactic device sold in Louisiana as required by R.S. 40:627 of the State Food, Drug and Cosmetic Law. The application is being filed under the name and address of the manufacturer, packer, distributor or importer appearing on the label (s) of the product (s) being registered. PLEASE NOTE: LABELS FOR EACH PRODUCT TO BE REGISTERED MUST ACCOMPANY THIS APPLICATION.			
PRODUCT LISTING: List each separate and distinct product below. Attach a catalog, typewritten list, printed report, or computer floppy diskette.			
1. _____		6. _____	
2. _____		7. _____	
3. _____		8. _____	
4. _____		9. _____	
5. _____		10. _____	
REGISTRATION FEE:			
Line 1. Enter the number of products listed above or on printed list or catalog in the box. (IF 10 OR MORE PRODUCTS ARE LISTED, ONLY ENTER "10" IN BOX)		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
Line 2. Multiply the number entered in box on Line 1 by \$20.00. Enter amount here.		_____	
		REMIT THIS AMOUNT \$ _____	
A check, money order, or draft made payable to the <u>Department of Health and Hospitals</u> must accompany this application. <u>PLEASE DO NOT SEND CASH</u>			
List below the names and complete addresses of three brokers, warehousemen, distributors who handle or are merchandising your products in Louisiana :			
1) _____		2) _____	
_____		_____	
_____		_____	
3) _____		_____	
_____		_____	
_____		_____	
FOR OFFICE USE ONLY			
REGISTRATION YEAR _____		CHECK NUMBER _____	PROCESSED BY _____
SHEET NUMBER _____		CHECK DATE _____	CERTIFICATE TYPE _____
SHEET DATE _____		REGISTRATION NUMBER _____	